

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17730

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>8170</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> c. LENGTH OF STAY (In this place) <u>5 DAYS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Boone County Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> c. CITY OR TOWN <u>Columbia</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>Route 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>GOSNEY</u> c. (Last) <u>NIFONG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 4, 1955</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 19, 1867</u>		9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Physician and Surgeon</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Fredericktown, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Dr. William Nifong</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Anthony</u>	
14. NAME OF HUSBAND OR WIFE <u>Lavinia Bradford Lenoir</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frank G. Nifong, Columbia, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rectum with metastases</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>154X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>1 week</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Mar 2, 1953</u> , to <u>July 4, 1955</u> , that I last saw the deceased alive on <u>July 4, 1955</u> , and that death occurred at <u>7:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. E. Palmer MD</u>		23b. ADDRESS <u>Columbia, Mo</u>		23c. DATE SIGNED <u>July 5 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 6, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>July 6 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Parson Funeral Service</u>		ADDRESS <u>Columbia, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

VS  
JUN 3  
1960

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 489

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.